

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000066899**  
 1. Entity Name  
**Kool Beans, Cafe, Inc**

Principal Place of Business Mailing Address  
**8570 Kenwood Rd 8570 Kenwood Rd**  
**Largo FL 33777 Largo FL 33777**

2. Principal Place of Business 3. Mailing Address  
**8570 Kenwood Rd 8570 Kenwood Rd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Largo FL Largo FL**  
**33777 USA 33777 USA**

**FILED**  
**01 SEP 17 AM 8:52**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **N/A** Applied For ☒ Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Robert Boos, Jr**  
**8570 Kenwood Rd**  
**Largo FL 33777**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P ROBERT BOOS JR</b> <b>8570 Kenwood Rd</b> <b>Largo FL 33777</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>800004603238-1</b> <b>-09/20/01-01078-008</b> <b>****150.00 ****150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other fee empowered.  
 SIGNATURE: **Robert Boos Jr** Date: **5/15/00** (727) 571-2202

5/18/00

pg. 2 of 2

To Whom it May Concern,

Due to a change of address  
I did not receive the original  
set of forms. If you have any  
questions please contact me at  
(727) 397-3159 (home) or at work at  
(727) 571-2202.

Sincerely,

Robert Boon